

Announced Care Inspection Report 16 November 2020



Trust Homecare

Type of Service: Domiciliary Care Agency
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Tel No: 028 3756 6736
Inspector: Corrie Visser

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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Trust Homecare is a domiciliary care agency which provides personal care and housing support to 499 individuals with physical health, palliative care, care of the elderly, learning disability, mental health and dementia needs within the Southern Health and Social Care Trust (SHSCT). Service users are supported by 223 staff.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Mr Shane Devlin	Registered Manager: Miss Ciara Ann McCrirk
Person in charge at the time of inspection: Miss Ciara Ann McCrirk	Date manager registered: 11 November 2019

4.0 Inspection summary

An announced inspection took place on 16 November 2020 from 10.45 to 13.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services. This inspection was carried out using an on-site inspection approach in line with social distancing guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 procedures maintained by the agency in relation to the safeguarding of adults.

On the day of the inspection it was noted that five incidents had taken place since the previous inspection on 3 October 2019. We examined the records and found that the agency had dealt with the incidents in accordance with its own procedure and policy.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had received one complaint since the last inspection. The complaint reviewed was dealt with satisfactorily that showed a positive outcome for the complainant.

No areas of improvement were identified from this inspection.

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), management of incidents, staff supervisions, spot checks, appraisals and service users' risk assessments including restrictive practices.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Ciara Ann McCrink, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 3 October 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 October 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, returnable QIP, notifiable events, and written and verbal communication received since the previous care inspection.

Following our inspection we focused on contacting the service users, their relatives, staff and professionals to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland. Updated 16 June 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included "Tell Us" cards, service user/relatives' questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

One service user/relatives' questionnaire and five staff responses were returned prior to issuing this report, comments and analysis are included in the body of the report.

Following the inspection we communicated with four service users, three staff, three service user's relative and two professionals.

The areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

We would like to thank the registered manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

Areas for improvement from the last care inspection dated 03 October 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: 15 (2) (a) Stated: Second time	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall-</p> <p>(a) be consistent with any plan for the care of the service user prepared by an Health and Social Services or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p>	Met
	<p>Action taken as confirmed during the inspection: We reviewed five service users' files who have restrictive practices in place. These assessments had been completed by the district nursing team and a copy was retained in the service users' files. These assessments were reviewed in liaison with the Trust, service user and their next of kin.</p>	
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.3 Stated: First time	<p>The registered person shall ensure mandatory training requirements are met.</p>	Met
	<p>Action taken as confirmed during the inspection: We reviewed the training matrix for all staff and it was noted that all staff were up to date in relation to the mandatory training.</p>	

Area for improvement 2 Ref: Standard 13.3 Stated: First time	The registered person shall ensure staff have recorded formal supervision meetings in accordance with the procedures.	Met
	Action taken as confirmed during the inspection: We reviewed the supervision matrix and it was noted that all staff have received formal supervision as well as supervision by way of spot checks.	
Area for improvement 3 Ref: Standard 13.5 Stated: First time	The registered person shall ensure that staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.	Met
	Action taken as confirmed during the inspection: Appraisals have been completed for all staff, including personal development plans in accordance with the agency's procedures.	

6.1 Inspection findings

Recruitment:

The agency's staff recruitment processes were noted to be managed in conjunction with the Business Service Organisation (BSO) who undertake all pre-employment checks. Correspondence is sent to the manager advising everything has been completed and a start date can be offered; the file is subsequently passed to the Human Resources (HR) Department located at the organisation's head office. Discussions with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 11 of the Domiciliary Care Agencies Minimum Standards 2011 which relate to Access NI. The manager provided us with confirmation emails for four members of staff from BSO advising that all pre-employment checks had been completed and a commencement date could be provided.

The NISCC matrix reviewed confirmed all staff are currently registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

Care Planning and Review:

We reviewed five service users care plans which included restrictive practices. These fully described the care and support required for individuals and included:

- referral information
- care plan

- individual action plans
- risk assessments
- reviews

The restrictive practice assessments were undertaken by the district nurses with liaison with the service user and their next of kin. The assessments took into consideration if the service user has capacity and their views on this practice which focused on bed rails and lap belt on wheelchairs. The assessments included:

- the outcome of the discussion with the service user and their next of kin
- physical/medical/psychological conditions or triggers
- risks identified to necessitate the use of restrictions
- preventative/protective de-escalation of strategies
- planned restrictive interventions/practices agreed which included the duration and frequency of the restriction, the level and type of monitoring/reviewing and the outcome/goals which incorporated the service user's human rights

These assessments are kept under regular review and a copy is retained in the service user's home as well as within their file held in the office.

Complaints and Compliments:

We reviewed the complaints and compliments received by the agency since the previous inspection. One complaint had been received which was managed by the Complaints Department in the SHSCT. Upon review, it was dealt with in accordance with policy and procedure and the complainant was satisfied with the outcome.

The agency had received five compliments since the last inspection, including Thank You cards. Some of the comments included:

- "We as a family wish to thank you sincerely for the dignity and kindness shown to him and to us as a family. We really appreciate everything each and every one of you did for us all."
- "Thank you so very much for all the kindness you showed our (relative), nothing was too much trouble to you. You struck a friendship with him and we know how much he enjoyed the craic with you. We appreciate all the dignity and respect shown to him and us."
- To all you lovely girls. Thank you all very much for the great care you gave to (relative). You are our heroes."

Comments from service users included:

- "I am quite happy with the care I am getting."
- "I am very fond of my carers."
- "My carers are excellent."
- "They all do the same job and they enable me to do things for myself."
- "I love them to bits."

Comments from service users' relatives included:

- "No complaints whatsoever."
- "I am so grateful for their services."
- "They have the utter most respect."

- “I can’t stress how much it helps me and I couldn’t have my relative at home if it wasn’t for them.”
- “Everyone is so good to my relative.”
- “They are all perfect.”
- “Gives me peace of mind.”
- “The quality of care is excellent.”
- “They are very respectful and have a good rapport with my relative as well as with my family.”
- “They go above and beyond.”
- “I am very happy.”

Comments from care workers included:

- “Everything is grand.”
- “It is nice to get refresher training.”
- “Training is beneficial.”
- “I get regular supervision.”
- “My supervisor is very obliging.”
- “I have been there 15 years which says a lot.”
- “We have good access to PPE and received full training and guidance throughout the pandemic.”
- “The support from my supervisor is very good and she is always on the ball.”
- “Monitoring checks are done once a month.”
- “If I feel the service users need more time, I raise it with my supervisor.”
- “I wouldn’t leave anyone without their full needs being met.”
- “The Trust are very good to work for and support you.”
- “I feel like I am listened to.”
- “I like to spend time with my service users.”

Comments from professionals included:

- “I find Trust Homecare very approachable and that there is good open communication.”
- “If I have any queries the supervisors would always come back to me in a timely manner and also if the agency have any queries or feel the service users require input from a different service they would always keep us updated and request onward referrals when required.”
- “It is also positive to note that I have completed reviews recently with service users who have also provided positive feedback in regards to the service they have provided which I have passed onto the supervisors.”
- “There is generally good communication between ourselves and Trust care supervisors. We would have limited direct communication with the carers going in to families. If they have any issues, these will be relayed to the supervisor and then ourselves. Any issues arising are dealt with sometimes requiring negotiation on all sides.”
- “Our social care workers would complete monitoring reviews with families and feedback from them is generally positive about the quality of care.”
- “I have only had a few occasions when I have had to raise any issues/concerns and these were addressed in a timely way.”

One service user/relatives’ questionnaire was returned prior to issuing this report. The respondent reported that they are very satisfied that the care being delivered is safe, effective, compassionate and well led.

Six staff surveys were received prior to issuing this report, one however was incomplete. Four respondents reported that they were either very satisfied or satisfied that the care being delivered was safe, compassionate, effective and well led. One respondent reported they were very satisfied or satisfied that the care being delivered was compassionate, effective and well led however was very unsatisfied that the care being delivered was safe. This appeared to relate to a specific issue which affected the care workers from reviewing the staff member's comment. This issue, along with another comment regarding uniforms, were discussed with the manager who advised that she will ensure it is raised with the care workers during a team meeting and will discuss the comment regarding uniforms with senior management.

Covid-19:

We spoke to the manager and to three staff members who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE. There was evidence that staff had completed training with regards to IPC and they had been provided with clear guidance.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- dissemination of information to staff
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19
- PPE storage and disposal
- staff training and guidance on IPC and the use of PPE equipment in line with guidance

We reviewed records relating to IPC policies which were in-line with the guidance. The policies and procedures had been updated to include Covid-19.

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff.
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

Areas of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), management of incidents and service users' risk assessments including restrictive practices.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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